## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	7-17-2014	Street:	SR 120 W. of CR 900 W		
Incident #:	14ISPC005925	Apt, Lot, Room	m #: Dollar General Parking Lt.		
County:	Steuben	City:	Orland, IN 46776		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)			
<ul><li>☐ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>		Residence Outbuilding Vehicle Other:	☐ Hotel/Motel ☐ Open – No Structure ☐ Business		
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown					
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)					
Red Phos	or Birch Reaction(s): Vehicle phorous/Iodine Reaction(s): pric Acid Gas Generator(s): Vehicle le Solvents: Vehicle active Metal (Lithium): Vehicle	<ul><li>☐ Corrosive</li><li>☐ Corrosive</li><li>☐ Ammoni</li></ul>	<ul> <li>☐ Anhydrous Ammonia:</li> <li>☐ Corrosive Acid: Vehicle</li> <li>☐ Corrosive Base: Vehicle</li> <li>☐ Ammonium Nitrate/Sulfate: Vehicle</li> <li>☐ Other (item and location):</li> </ul>		
Child under age 18 discovered (check appropriate)					
Yes (number present) No Children not present but evidence they reside or visit often		unclean Estimated le occurring:	Living conditions of home: clean disarray unclean stimated length of time manufacturing had been occurring: Additional Information:		
Vehicle, Travel Trailer, RV or Watercraft Information:					
Owner: VIN: Year:	Zebekiah Wheeler <u>CGR3380150585</u> <u>1978</u>	Make: Model: Color:	Chevy Van RV White		
This report has been faxed* or emailed to the following agencies that serve the location:					
Fire Department: Orland VFD Health Department County: Steuben Department of Child Services Hotline: dcshotlinerepor		Fax: Email	Fax: Emailed Fax: Emailed ts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: S/Trp. Tim Myers Phone 260-432-8661					
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of					

scene processing.